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Description of Paper:

Receipt Date:

Name of Applicant(s):

*Fraser Request*

*The Hon. R. H.*

Title of Invention:

*STANDING ORDER DATABASE... APPLICATION*

Serial No.:

*09/025,279*

Patent No.:

Mailed:

*Oct. 7, 1999*

Due:

File No.: *A39-972-010*



EXHIBIT S-2

279APP 0008

Page 1 of 1

CERTIFICATION OF VITAL RECORD

# COUNTY OF DALLAS

STATE OF TEXAS

CERTIFICATE OF DEATH

TKHR Docket No. 50128-1010  
STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST Cathryn		(b) MIDDLE Louise		(c) LAST Odom		(d) MAIDEN Sigalos		2. SEX Female		3. DATE OF DEATH April 14, 2000	
4. DATE OF BIRTH June 04, 1963		5. AGE (IN YEARS) 36		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Greenwich, Connecticut		7. SOCIAL SECURITY NO. 454-43-3776					
8. RACE White		9. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		11. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (13-16, 17+) 13			
13. MARITAL STATUS <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		14. SURVIVING SPOUSE (OF WIFE, GIVE MAIDEN NAME)		15a. DECEASED'S USUAL OCCUPATION Entrepreneur		15b. KIND OF BUSINESS OR INDUSTRY Commercial					
16a. RESIDENCE STREET ADDRESS 721 Pinchurst						16b. CITY OR TOWN Richardson					
17a. COUNTY Dallas		17b. STATE Texas		17c. ZIP CODE 75080		17d. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
18. FATHER'S NAME John Louis Sigalos				19. MOTHER'S MAIDEN NAME Georgia Bakes							
20. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)											
21. COUNTY OF DEATH Dallas		22. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Richardson		23. NAME OF HOSPITAL OR INSTITUTION (if not in institution, show street address) 721 Pinchurst							
24. INFORMANT - SIGNATURE & RELATIONSHIP Mrs Georgia Sigalos - Mother				25. MAILING ADDRESS OF INFORMANT 721 Pinchurst, Richardson TX 75080							
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		27a. PLACE OF DISPOSITION NAME OF CEMETERY, CREMATORY OR OTHER PLACE Restland Memorial Park		27b. LOCATION (CITY, STATE) Dallas TX		28. NAME & ADDRESS OF FUNERAL HOME Anderson-Clayton Bros. Funeral Home, 1111 Military Parkway Mesquite, TX 75149		29. DATE OF DISPOSITION April 17, 2000			
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE											
31. SIGNATURE OF CERTIFIER <i>John Adams</i>				32. DATE SIGNED 7/18/2000		33. TIME OF DEATH 5:00 P.M.		34. PRINTED NAME & ADDRESS OF CERTIFIER Dr. John Adams, MD, 906 Randall Mill Road, Arlington, Texas 76012			
35. PART 1: ENTER THE DISEASE, INJURY OR COMPLICATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>Cardiopulmonary arrest</i> Sequelae (if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST { <i>Cardiac arrhythmia</i> <i>Carcinomatous embolism</i> <i>Metastatic breast cancer</i> PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)											
36. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEASED PREGNANT? AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		39b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M		41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)			
42a. REGISTRAR FILE NO. 01-1524		42b. DATE RECEIVED BY LOCAL REGISTRAR APR 21 2000		42c. SIGNATURE OF LOCAL REGISTRAR <i>Earl Bullock</i>							

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1999)

EXHIBIT T-1

Page 1 of 1

STATE OF TEXAS }  
COUNTY OF DALLAS }

CERTIFIED COPY OF VITAL RECORDS

I hereby certify that this Abstract of Birth/Death facts is recorded in this Office; or has been provided to this office by the Texas Department of Health, Bureau of Vital Statistics, from a document in their custody.

ISSUED APR 21 2000

Do not accept unless prepared on security paper with engraved border displaying the official seal and signatures of the issuing agency. Do not photocopy. Lamination may void certificate.

*Earl Bullock*  
EARL BULLOCK  
County Clerk/Registrar  
Dallas County Texas

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE